



DENVER FEDERAL EXECUTIVE BOARD - FEDERAL WOMEN'S PROGRAM
ANNUAL PROFESSIONAL DEVELOPMENT SEMINARS
FOR ALL PUBLIC SERVANTS AND INTERESTED PARTIES
REGISTRATION FORM, MAY 18-19, 2005
7:30 A.M. – 3:30 P.M.

ATTENDEE INFORMATION – Please type or print legibly – ONE Form per attendee

ATTENDEE'S NAME: (Last, First, MI)		EMAIL ADDRESS:	
AGENCY NAME:		WORK PHONE W/AREA CODE:	FAX NUMBER:
MAILING ADDRESS:		CITY:	STATE: ZIP CODE:
DO YOU REQUIRE ANY SPECIAL ACCOMMODATIONS? IF SO, PLEASE SPECIFY: (hearing interpreter - agency may be required to pay for interpreters, special diet, etc.)			

SEMINAR SELECTIONS – DAY 1 (List in order of preference – Write in seminar title)

SESSION 1 - 9:00 A.M. – 10:15 A.M.	SESSION 2 - 10:30 A.M. – 11:45 A.M.	SESSION 3 – 1:45 P.M. – 3:00 P.M.
1 st Choice	1 st Choice	1 st Choice
2 nd Choice	2 nd Choice	2 nd Choice

SEMINAR SELECTIONS – DAY 2 (List in order of preference – Write in seminar title)

SESSION 1 - 9:00 A.M. – 10:15 A.M.	SESSION 2 - 10:30 A.M. – 11:45 A.M.	SESSION 3 – Noon – 3:00 P.M.
1 st Choice	1 st Choice	General Session – Featuring Dr. Madeleine Albright
2 nd Choice	2 nd Choice	

PAYMENT & REGISTRATION INFORMATION

<u>REGISTRATION FEE:</u> \$249, Meals are included <u>REGISTRATION DEADLINE:</u> MONDAY, MAY 2, 2005. Full payment is due prior to conference. <u>CANCELLATION POLICY:</u> Absolutely <u>NO</u> refunds will be given after closeout date of May 2, 2005. <u>RECEIPTS:</u> Available upon request <u>AT</u> the conference.	<u>TAX ID:</u> 84-0927682 <u>MAIL OR FAX PAYMENT & REGISTRATION FORMS TO:</u> Irene Wise, FWP Seminar 1244 Speer Blvd, Rm 903, Denver, CO 80204 PHONE: 303-844-0379 FAX: 303-844-7086
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PAYMENT INFORMATION – *If you are paying for more than one attendee, just fill out one form with payment info and fax in all registration forms in together.*

PAYMENT METHOD: (Circle One) CASH CHECK # & Amt: CREDIT CARD: VISA MASTERCARD	
CREDIT CARD NUMBER:	EXPIRATION DATE: VERIFICATION NUMBER: (Last 3 digits on back of card)
NAME AS IT APPEARS ON CARD: (Please print)	CARDHOLDER'S EMAIL:
CARDHOLDER'S PHONE:	CARDHOLDER'S FAX:
CREDIT CARD BILLING ADDRESS & ZIP CODE: (Actual POB or address where credit card company sends your bill)	
CARDHOLDER'S SIGNATURE:	

CHARGE CALCULATIONS

FOR OFFICE USE ONLY

COST OF EVENT: (Per person)	\$ _____
X NUMBER OF ATTENDEES:	_____
= TOTAL AUTHORIZED CC CHARGE:	\$ _____

Date Processed: _____
Batch Number: _____